

Standardised Guideline

TEHS: Staff Immunisations for Vaccine-Preventable Diseases

Target Audience

Areas applicable: All Department of Health Staff

Purpose

The Top End Health Services (TEHS) is responsible for providing a safe, healthy environment for staff; this requirement includes reducing the risk of transmission of infectious disease to patients and other staff. All staff who have direct patient contact or exposure to blood or body fluids due to handling, storage or disposal of these substances, are at risk of occupational exposures to various vaccine-preventable diseases and blood-borne viruses.

Definitions

Exposure Prone Procedures (EPP)- EPPs are a subset of invasive procedures where there is potential for direct contact between the skin, usually finger or thumb of the HCW, and sharp surgical instruments, needles, or sharp body parts (splinters/ fractured bones/ tooth) in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. Procedures which lack these characteristics are unlikely to pose a risk of transmission of blood borne viruses from infected health care worker to patient.

HCW- Health Care Workers employed on a permanent, temporary or casual contract by the Department of Health

Immunisation- the process of inducing immunity to an infectious agent by administering a vaccine.

Vaccinations- the administration of a vaccine, if successful, results in immunity to a specific disease.

Guideline

TEHS is committed to providing a safe and healthy working environment for all Health Care Workers (HCWs) while ensuring the health and safety of all clients in health care settings in accordance with National Health and Medical Research Council Guidelines and Infection Prevention & Control Guidelines. Immunisations will be offered to all HCWs, dependent upon the risk category of their work activity.

Exceptions:

Vaccines which are considered to be the personal responsibility of the HCW.

Staff screening ([Pre employment screening form](#)) Appendix 1

All new employees are required to provide supporting documentation of immunisations and /or immune status **prior** to commencement of employment.

Anecdotal evidence is not adequate to establish immune status. Employee immunisation status is established through one of two means; the employee providing documented evidence of:

- History of disease
- Vaccination documentation
- Serology testing

The pre-employment screening form is to be completed with full disclosure and sent to the Infection Prevention & Management Unit for data entry and review. Nhulunbuy CDC staff process immunisation data for East Arnhem staff.

If a new employee is unaware of their immunisation status, serological testing will be carried out at the employee's expense prior to commencing employment.

Any refusal to disclose the required information will be deemed to represent an increased risk. Due to this assumption, any applicant as part of DoH Recruitment procedure may affect their chance of selection for employment. This is due to the workplace not having the appropriate information to assess the risk to other staff, patients and visitors and manage it accordingly.

If an applicant is refusing to undertake the screening process, by choice, [non-participation in assessment, screening and vaccination form](#) (Appendix 2) shall be completed

Risk management and categorisation

The following risk categories will be used to guide vaccine requirements for staff:

Category A- Direct contact with patients/clients or blood or body substances

This category includes all persons who have physical contact with, and/or potential exposure to blood or body substances. Examples include dentist, medical practitioners, nurses, allied health practitioners, laboratory staff, Aboriginal health practitioners, health care students, maintenance engineers who service equipment, sterilising staff, personal care assistants, laundry staff, mortuary technicians, emergency personnel (fire, ambulance, police) and waste facility staff.

Category B- Indirect contact with blood and body substances

This category includes employees that rarely have direct contact with blood or body substances. They may be exposed to infections spread by the airborne or droplet routes, but are unlikely to be at occupational risk from blood borne diseases. Examples include catering staff and administration staff.

Category C- No patient contact

No contact with clients or blood or body substances and have no greater exposure to infectious diseases than the general public. Examples include clerical staff, stores staff.

Laboratory staff may require additional vaccination requirements if working with or maybe exposed to specific agents.

Category	Vaccine or immunity required	In some circumstances
A	Hepatitis A Hepatitis B MMR dTpa Annual Influenza Varicella TB screening	Meningococcal-Laboratory staff
B	MMR dTpa Influenza Varicella TB screening	
C	Influenza MMR dTpa	

Female staff receiving live viral vaccines should be advised not to fall pregnant within 28 days of vaccination.

Staff with impaired immunity should consult their treating practitioner prior to vaccination.

If a staff member is a hepatitis B vaccine non-responder, TEHS must ensure that detailed information is provided regarding the risk of hepatitis B infection, the consequences of such infection and management in the event of body substance exposure (e.g. hepatitis B immunoglobulin must be administered within 72 hours of parenteral exposure to hepatitis B)

Immunisation/Health screening Records

- Records will be maintained on an electronic database in a secure and confidential manner.
- Immunisation information will be provided to the Northern Territory Adult Immunisation register.
- It is recommended that HCWs also maintain their own personal records of immunisation and screening.

Key Aligned Documents

DoH: Staff Assessment, Screening and Vaccination against Specified Infectious Diseases Guideline

Key Legislation, Acts & Standards

Australian Government Department of Health and Ageing. [Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses.](#)

Communicable Diseases Network Australia. (2012)

[NH&MRC Australian Immunisation Handbook \(current edition\)](#)

NHMRC (2010) [Australian Guidelines for the Prevention and Control of Infection in Healthcare.](#)
Commonwealth of Australia

[Guidelines for the Control of Tuberculosis in the Northern Territory; 4th Edition June 2008](#)

NT Work Health and Safety Act (National Uniform Legislation), 2011

Work Health and Safety (National Uniform Legislation) Regulations

NT Public Sector Employment and Management Act

Occupational Health and Safety Standards Programs Employment Instruction 11

Evaluation

The Infection Prevention and Control is responsible for evaluating personnel in order to reduce risk of transmission to staff and patients.

Hospital Clinical Guidelines EVIDENCE TABLE

GUIDELINE TOPIC: TEHS: Staff immunisations for Vaccine-Preventable Diseases

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A

Appendix 1

Staff Immunisation Assessment, Screening and Vaccination form

To improve your safety in the work environment at a Department of Health facility we ask that you provide a vaccination history and some important details about your health. Any recommended work related vaccinations are available free of charge for staff.

It is important you attempt to answer all questions. You may need to ask your family doctor or your parents for information to assist you in completing this form. Where insufficient documentation/information is provided, the Infection Control Nurse may contact you to try to ascertain your susceptibility to vaccine preventable diseases.

Please return the completed form directly to Recruitment or the facility Infection Control Unit, along with copies of any available documentation confirming your immunity to the diseases listed over the page (e.g. blood test results and/ or immunisation records).

All information provided in this assessment is strictly confidential, and will be maintained on a confidential database by the Infection Control Unit. This data is not accessible to other staff members.

NOTE- A Northern Territory Hospital Record Number (HRN) is required to input data into data base. It is essential that you have one. If you have never presented to a health care facility in the NT, please arrange for one to be created at your work place.

Please print clearly.

NORTHERN TERRITORY HRN		Risk Category- A B C to be filled in by Infection Control
SURNAME		
FIRST NAME		
DATE OF BIRTH		
CONTACT NUMBERS	HOME:	MOBILE:
EMPLOYMENT START DATE		
DESIGNATION		
WARD / DEPARTMENT (planning to work in)		
HAVE YOU PREVIOUSLY WORKED IN THE NT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, AT WHICH SITE DID YOU LAST WORK?	<input type="checkbox"/> Darwin <input type="checkbox"/> Alice Springs <input type="checkbox"/> Katherine <input type="checkbox"/> Tennant Creek <input type="checkbox"/> Nhulunbuy <input type="checkbox"/> Community/Remote Health Centre	

For further Immunisation information please contact the relevant Infection Control Unit

Royal Darwin Hospital- 08 8922 8045

Katherine Hospital- 08 8973 9066

Gove Hospital (CDC)- 08 8987 0357

Alice Springs Hospital- 08 8951 7737

Tennant Creek Hospital- 08 8962 4260

Diseases	History of Disease Yes/No/Unknown	Vaccination Date	Serological Evidence of Immunity	
			Yes/No	Date
Hep A (only certain groups, see policy)				
Hep B (Category A only)				
Varicella (Chicken pox)				
Measles				
Mumps				
Rubella				
Diseases	Have you been Immunised Yes/No/Unknown	Vaccination Date		
Influenza (annual)				
Pertussis (Whooping cough)		booster recommended every 10 years		
Tuberculosis (TB) Tuberculosis (TB)				
ALL category A and B staff must be screened at commencement of employment at the CDC TB unit please phone: Darwin 89 228731 Katherine 89 739049 Gove 89 870357 Tennant Creek 89 624603 Alice Springs Infection control 8951 7737				
History of TB disease and screening		Yes/Date	No/Date	Unsure
Have you ever had a positive Mantoux skin test or positive Quantiferon Gold assay blood test?				
Have you ever been diagnosed with pulmonary tuberculosis (TB)?				
Have you ever been screened for TB in the past?				
Further Comments:				

I declare that the above information is accurate and I consent to the information being recorded in the staff vaccination database.

Signed _____ Date _____

If you have a medical or other reason not to be vaccinated for a particular vaccine preventable disease, a Staff Non-Participation in Assessment, Screening and Vaccination form should be completed and then discussed with your manager.

Appendix 2: Staff Non-Participation in Assessment, Screening and Vaccination form

Non-participation in Staff Assessment, Screening and Vaccination
Staff in category A and B are required to acknowledge in writing that they decline to participate or have a contraindication to completion of the staff assessment, screening and vaccination against specified infectious diseases policy.
<i>Non-Participation in Assessment, Screening and Vaccination</i>
1. I have read and understood the policy directive regarding staff assessment, screening and vaccination and the infectious diseases covered by the policy directive.
2. I decline to participate in: (tick box for specific disease(s) as applicable) <input type="checkbox"/> Assessment and/or vaccination for diphtheria / tetanus / pertussis (dTpa) <input type="checkbox"/> Assessment and/or vaccination for hepatitis B <input type="checkbox"/> Assessment and/or vaccination for measles/ mumps/ rubella (MMR) <input type="checkbox"/> Assessment and/or vaccination for varicella (chicken pox) <input type="checkbox"/> Assessment and/or screening for hepatitis A
3. I am aware of the potential risks to myself and/or others that my non-participation in assessment, screening and/or vaccination may pose.
4. I am aware that that non-participation may require my employer to manage me as unprotected or unscreened and organise alternate duties in certain circumstances.
Name _____ Phone or Email _____ Date of Birth _____ Health Service/Facility _____ Signature _____ Date _____
<i>Office use only</i> Assessor's Name _____ Assessor's Position _____ and Contact details (Phone or Email) _____ Health Service/Facility _____ Assessor's Signature _____ Date _____ <input type="checkbox"/> I have discussed with the staff member the potential risks his/her non-participation may pose and the management of unprotected/unscreened staff in accordance with this policy directive.

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Alternative Search Words

Immunisation, vaccination, Infection Control, staff health.

Hospital Clinical Guidelines EVIDENCE TABLE

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/a		n/a	
Na		n/a	